

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036880

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9283

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jefferson

c. CITY
OR
TOWN Arnold

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS RR 3, Box 917Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Leona

Middle

S.

Last

Williams

4. DATE
OF
DEATH

Month September Day 23, Year 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/15/1899

9. AGE (last birthday)

63

10. IF UNDER 1 YEAR: 11. IF UNDER 24 HR:

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Bonne Terre, Mo.

12. CITIZEN OF WHAT COUNTRY:

U.S.

13a. FATHER'S NAME

Unavailable

13b. MOTHER'S MAIDEN NAME

Missouri Thurman

14. NAME OF HUSBAND OR WIFE:

Max Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Max Williams, Rt. 3, Arnold, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis due

INTERVAL BETWEEN ONSET AND DEATH

2 1/2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral arterio-sclerosis

DUE TO (c)

332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female, was there a pregnancy in last 90 days:

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART II or PART III of item 18))

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY:

STATE:

21. I attended the deceased from 9/20/62 to 9/23/62 and last saw her alive on 9/23/62
Death occurred at 8:16 pm on the date stated above, and to the best of my knowledge, from the causes stated:

22a. SIGNATURE

(Degree or title)

Edward W. Gibson, M.D.

22b. ADDRESS

3701 Emerald St

22c. DATE SIGNED

9/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9-27-62

23c. NAME OF CEMETERY OR CREMATORY

Immaculate Conception

23d. LOCATION (City, town, or county)

Arnold, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Heiligtage Funeral Home, Imperial, Mo.

25. DATE REC'D BY LOCAL REG.

SEP 26 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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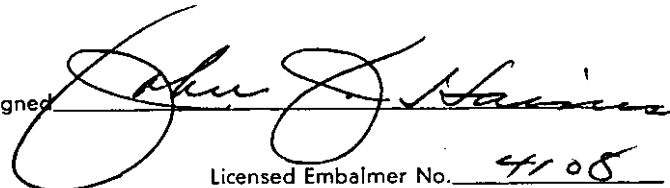
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed


Licensed Embalmer No. 4108

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.